Form Approved OMB No. 0560-0136

PAGE CCC-1045-2 U. S. DEPARTMENT OF AGRICULTURE See reverse for instructions (7-19-96)**Commodity Credit Corporation** and Privacy Act and Public of UPLAND COTTON USER MARKETING CERTIFICATE PROGRAM EXPORTER APPLICATION FOR PAYMENT Burden Statements. DATE APPLICATION NO. TAXPAYER I.D. AGREEMENT NO. FOR CCC USE ONLY DATE RECEIVED **VERIFIED BY** Name Payee **ENTERED BY** and Mailing Mailing Address **Address** DATE RETURNED FOR DATE RECEIVED BACK CORRECTION **SALE INVOICE** BILL OF LADING TYPE **PAYMENT** PAYMENT AMOUNT **BALES NET POUNDS** CLAIMED COTTON RATE NUMBER ON BOARD DATE NUMBER DATE I hereby certify that these documents are being submitted in accordance with the terms of TOTALS ° the Upland Cotton Domestic User/Exporter Agreement and that the cotton covered by the documents submitted with this application was domestically produced, has not previously earned a payment under the Upland Cotton User Marketing Certificate Program, and is SIGNED: ° eligible for a payment.

# INSTRUCTIONS FOR EXPORTERS COMPLETION OF THE APPLICATION FOR PAYMENT

Use this form to submit applications for payment under the Upland Cotton User Marketing Certificate Program. The form should be reproduced, as needed. If more than one page is required, you may use as many as necessary. Totals and signature should be on the last page only.

1. **Page** Enter 1 of 1, 1 of 3, 2 of 5, etc.

2. **Date** Enter the date the application is prepared.

Agreement No. Enter your Agreement Number (EXAMPLE: E1235).

4. Application No. Enter your Application Number. Begin with number 1 and number applications consecutively from

the effective date of the revised agreement to the end of the program.

5. **Taxpayer I.D.** Enter your IRS taxpayer I.D. number.

Name and Mailing Address Enter name and mailing address as shown on your Agreement.

7. Payee Mailing Address A payee mailing address other than the address shown on your Agreement may be requested.

Bill of Lading Number Enter Bill of Lading Number.

9. Bill of Lading On Board Date Enter On Board Vessel Date; for export by truck or rail to Canada or Mexico, enter the date the

carrier crosses the international border.

10. **Type Cotton** Enter for each shipment the code for each type of cotton, as applicable:

C - Baled Lint; L - Loose; M - Reginned motes; S - Eligible semi-processed motes

11. Sale Invoice Number Enter the number assigned to the export sale invoice.

12. **Sale Invoice Date** Enter the date from the sale invoice.

13. **Bales** Enter the number of bales per Bill of Lading on this application.

Net Pounds Enter the Net Pounds shown on the weight sheet.

15. **Payment Rate** Enter the baled lint payment rate claimed for each shipment on the application.

16. Payment Amount Claimed Multiply Net Pounds (Item 14) times the Payment Rate (Item 15); then, if applicable, multiply by 75

percent for loose, 40 percent for reginned motes, or 25 percent for eligible semi-processed motes,

and enter the result for each shipment.

17. **Total** Enter totals for Bales, Net Pounds, and Payment Amount Claimed on the last page of the

Application for Payment only.

18. Certification and Signature An authorized representative of the company must sign the Application for Payment Certification on

the last page of the Application.

#### PRIVACY ACT, PUBLIC BURDEN, and NONDISCRIMINATORY STATEMENTS

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a), and the Paperwork Reduction Act of 1980, as amended. The Federal Agriculture Improvement Reform Act of 1996 and regulations in 7 CFR 1427 authorize the collection of information required for participation in the Upland Cotton User Marketing Certificate Program. The information will be used to determine eligibility to receive payment and to determine payment amounts. Providing this information is voluntary; however, without it, participation in the program will be denied. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371,651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this Form CCC-1045-2, Application for Payment, is estimated to average 30 minutes per response. This burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0136), AG Box 7630, Washington, D.C. 20250. Return this completed form to the Kansas City Commodity Office, Post Office Box 419205, Kansas City, Missouri 64141-6205.

This program will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.

### **EXAMPLE**

DATE: FEBRUARY 1, 2000

A B C COTTON COMPANY INC. 8930 WARD PARKWAY MEMPHIS, TN 38118 E-7666

I hereby certify that a claim for payment under the Upland Cotton Marketing Certificate program will not be made by the undersigned for the cotton exported as shown below:

Vessel name or container number	er <u>L. H. PATRICK LYONS</u>
Bill of Lading number	HJCLGBA908768954
Bill of Lading date	JANUARY 1, 2000
Number of bales/weight Name of Shipper of Record	4000 / 2000000 DEFCOTTON CO
Authorized original sign	nature

A CONTRACTOR OF THE CONTRACTOR

# INSTRUCTIONS FOR EXPORTERS COMPLETION OF THE APPLICATION FOR PAYMENT

Use this form to submit applications for payment under the Upland Cotton User Marketing Certificate Program. The form should be reproduced, as needed. If more than one page is required, you may use as many as necessary. Totals and signature should be on the last page only.

1. Page	Enter 1 of 1,	1 of 3, 2 of 5, etc.
---------	---------------	----------------------

Date Enter the date the application is prepared.

Agreement No. Enter your Agreement Number (EXAMPLE: E1235).

 Application No. Enter your Application Number. Begin with number 1 and number applications consecutively from the effective date of the revised agreement to the end of the program.

Taxpayer I.D. Enter your IRS taxpayer I.D. number.

6. Name and Mailing Address Enter name and mailing address as shown on your Agreement.

7. Payee Mailing Address A payee mailing address other than the address shown on your Agreement may be requested.

Bill of Lading Number Enter Bill of Lading Number.

9. Bill of Lading On Board Date Enter On Board Vessel Date; for export by truck or rail to Canada or Mexico, enter the date the

carrier crosses the international border.

10. Type Cotton Enter for each shipment the code for each type of cotton, as applicable:

C - Baled Lint; L - Loose; M - Reginned motes; S - Eligible semi-processed motes

Sale Invoice Number Enter the number assigned to the export sale invoice.

12. Sale Invoice Date Enter the date from the sale invoice.

Bales Enter the number of bales per Bill of Lading on this application.

Net Pounds Enter the Net Pounds shown on the weight sheet.

15. Payment Rate Enter the baled lint payment rate claimed for each shipment on the application.

16. Payment Amount Claimed Multiply Net Pounds (Item 14) times the Payment Rate (Item 15); then, if applicable, multiply

25 percent for eligible semi-processed motes, and enter the result for each shipment.

17. Total Enter totals for Bales, Net Pounds, and Payment Amount Claimed on the last page of the

Application for Payment only.

18. Certification and Signature An authorized representative of the company must sign the Application for Payment

Certification on the last page of the Application.

#### PRIVACY ACT, PUBLIC BURDEN, and NONDISCRIMINATORY STATEMENTS

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a), and the Paperwork Reduction Act of 1980, as amended. The Federal Agriculture Improvement Reform Act of 1996 and regulations in 7 CFR 1427 authorize the collection of information required for participation in the Upland Cotton User Marketing Certificate Program. The information will be used to determine eligibility to receive payment and to determine payment amounts. Providing this information is voluntary; however, without it, participation in the program will be denied. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371,651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this Form CCC-1045-2, Application for Payment, is estimated to average 30 minutes per response. This burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM (OMB No. 0560-0136), AG Box 7630, Washington, D.C. 20250. Return this completed form to the Kansas City Commodity Office, Post Office Box 419205, Kansas City, Missouri 64141-6205.

This program will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.

#### EXHIBIT 1 (Revised)

#### PROGRAM CONTACTS

#### Operational and Policy

General operational and policy questions regarding the Upland Cotton User Marketing Certificate Program should be directed to the Farm Service Agency, Financial Review Branch, Contract Reconciliation Division, Kansas City Commodity Office, telephone (816) 926-6663.

Mailing Address:	Express Mail Address:
Farm Service Agency Financial Review Branch Kansas City Commodity Office P.O. Box 419205 Kansas City, Missouri 64141-6205 MAIL STOP 8758	Farm Service Agency Financial Review Branch Contract Reconciliation Division Kansas City Commodity Office 6501 Beacon Drive Room G - 42A Kansas City, Missouri 64133-4675 MAIL STOP 8758 Office Hours: 7:00 - 4:30

### Payment and Supporting Documentation

Questions regarding payments and supporting documentation should be directed to the Farm Service Agency, Financial Review Branch, Contract Reconciliation Division, Kansas City Commodity Office, telephone (816) 823-1145.

المشاحين غرو